SENDER: COMPLETE THIS SECTION	COMPLETE TH	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reviso that we can return the card to you.</li> <li>Attach this card to the back of the mails or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	erse C. Signature	(Please Print Clearly)	B. Date of Delivery    2 - ) - 3     Agent   Addressee	
* 00-129 Michael Carter KNZA, Inc. 102 North Mason Carrollton, MO 64633	If YES, enter	delivery address belo-	w: 🗀 No	
	3 Service Type Certified Registere Insured M Restricted D	Mail ☐ Express Ma d ☐ Return Reco	illeipt for Merchandise	
2 Article Number (Copy from service label)				
PS Form <b>381 1</b> , July 1999	omestic Return Receipt		102595 00 M 0952	